

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000709**

**1. Entity Name**  
**FRATERNAL ORDER OF POLICE COOPER CITY LODGE**  
**117, INC.**



**Principal Place of Business**  
**10580 STIRLING RD**  
**COOPER CITY, FL 33026**

**Mailing Address**  
**10580 STIRLING RD**  
**COOPER CITY, FL 33026**



07062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>65-0408985</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**KLAUSNER, ROBERT D**  
**6565 TAFT ST.**  
**HOLLYWOOD, FL 33024**

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DP</b>
<b>NAME</b>	<b>BUSCHMAN, MATT</b>
<b>STREET ADDRESS</b>	<b>10580 STIRLING ROAD</b>
<b>CITY-ST-ZIP</b>	<b>COOPER, FL 33026</b>

<b>TITLE</b>	<b>DT</b>
<b>NAME</b>	<b>GREEAR, JAY</b>
<b>STREET ADDRESS</b>	<b>10580 STIRLING ROAD</b>
<b>CITY-ST-ZIP</b>	<b>COOPER, FL 33026</b>

<b>TITLE</b>	<b>DV</b>
<b>NAME</b>	<b>NEAVES, RICHARD</b>
<b>STREET ADDRESS</b>	<b>10580 STIRLING ROAD</b>
<b>CITY-ST-ZIP</b>	<b>COOPER, FL 33026</b>

<b>TITLE</b>	<b>DS</b>
<b>NAME</b>	<b>FREDERICK, KRISTY</b>
<b>STREET ADDRESS</b>	<b>10580 STIRLING ROAD</b>
<b>CITY-ST-ZIP</b>	<b>COOPER, FL 33026</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

000000375726  
08/05/05-80008-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Richard Neaves*  
**RICHARD NEAVES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/8/05*  
**7/8/05**

Date

*954-435-2200*  
**954-435-2200**

Daytime Phone #